

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-014828

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 120

DO NOT WRITE
ON THIS STUD

AMENDED

FILED MAY 7 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico	
Length of stay in 1b years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 1419 S. Cole St.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First OTTO Middle S. Last VAN HORN			4. DATE OF DEATH Month April Day 24 Year 1963		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/29/1895	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			10b. KIND OF BUSINESS OR INDUSTRY Refractory		11. BIRTHPLACE (City and state or country) Buffalo, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Joe Bell VanHorn		13b. MOTHER'S MAIDEN NAME Nettie Roderick		14. NAME OF HUSBAND OR WIFE Gertrude VanHorn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. Gertrude VanHorn - Mexico, Mo.		
17. INFORMANT Gertrude VanHorn - Mexico, Mo.			Address		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Respiratory Failure - Cerebral Anoxia		INTERVAL BETWEEN ONSET AND DEATH 9 hours
DUE TO (b) Silicosis - with Marked Pulmonary Fibrosis		10 years
DUE TO (c) Cor Pulmonale - Secondary to Pulmonary Fibrosis		3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) X
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20c. TIME OF INJURY Hour X Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	20f. CITY, TOWN, OR LOCATION X	COUNTY	STATE
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21. I attended the deceased from **1955** to **April 24-63** and last saw him alive on **4/24/63**
Death occurred at **Audrain County Hospital 4-25-63** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry F. O'Brien M.D.	22b. ADDRESS Mexico, Missouri	22c. DATE SIGNED 4/25/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/26/1963	23c. NAME OF CEMETERY OR CREMATORY East Lawn Mem. Park	23d. LOCATION (City, town, or county) Mexico, Mo.
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24. FUNERAL DIRECTOR Arnold Funeral Home, Mexico, Mo.	25. DATE RECD. BY LOCAL REG. April 28-1963	26. REGISTRAR'S SIGNATURE Blanche Neely
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

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Rev. 4/59

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Harry F. O'Brien M.D.

4/25/63

4/24/63

4-25-63

East Lawn Mem. Park

Mexico, Mo.

Arnold Funeral Home, Mexico, Mo.

April 28-1963

Blanche Neely

MAY 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Manassas, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.